

AMENDMENTS TO THE CLAIMS

This **Listing of Claims** replaces all prior versions, and listings, of claims in the application:

Listing of Claims:

1. (previously presented) A method for providing improved performance of an insured healthcare facility, the method comprising the steps of:

determining insurance program requirements designed to reduce risks of accidents associated with the healthcare industry;

formulating an insurance program containing the insurance program requirements;

reducing risks of accidents associated with the healthcare industry by implementing procedures designed for the insured entity to meet the insurance program requirements;

monitoring the results of the procedures to identify the conformance of the insured healthcare facility to the program requirements;

identifying the conformance of the insured healthcare facility to the program requirements; and

communicating data indicative of the conformance of the insured healthcare facility to an interested third party.

2. (previously presented) The method of Claim 1, wherein the step of formulating an insurance program containing the insurance program requirements comprises an insured healthcare facility purchasing the insurance program.

3. (previously presented) The method of Claim 1, wherein the step of formulating an insurance program containing one or more insurance program requirements comprises a single insurer offering the insurance program.

4. (previously presented) The method of Claim 1, wherein the step of formulating an insurance program containing the insurance program requirements comprises several insurance providers underwriting the insurance program.

5. (previously presented) The method of Claim 1, wherein the step of monitoring the results of the procedures to identify the conformance of the insured entity to the program requirements further comprises providing feedback to the insured entity regarding compliance with the insurance program requirements.

6. (previously presented) The method of Claim 1, wherein the step of communicating data indicative of the conformance of the insured healthcare facility to an interested third party further comprises the steps of:

attributing a score to the monitored results; and

providing the score to the interested third party.

7. (previously presented) The method of Claim 6, wherein the step of attributing a score to the monitored results further comprises attributing a numerical score indicating the conformance of the insured entity to the insurance program requirements.

8. (previously presented) The method of Claim 7, wherein the step of communicating data indicative of the conformance of the insured healthcare facility to an interested third party further comprises the step of providing the score to the insured healthcare facility.

9-16. (cancelled)

17. (previously presented) A method for creating an insurance product for an insured healthcare facility while minimizing insurance risks and reducing premium costs, said method comprising the steps of:

determining insurance program requirements designed to reduce risks of accidents associated with the healthcare industry;

creating a new insurance product containing one or more insurance program requirements;

distributing the new insurance product to the insured healthcare facility through a distribution channel;

reducing risks of accidents associated with the healthcare industry by providing an insurance program designed for the insured healthcare facility to meet the insurance program requirements;

monitoring the insured entity to determine whether the insured healthcare facility is meeting the program requirements;

determining the conformance of the insured healthcare facility to the insurance program requirements; and

communicating data indicative of the conformance of the insured healthcare facility to a third party.

18. (original) The method of Claim 17, wherein creating a new insurance product comprises creating an insurance product comprising reduced premiums, reduced risk of claims by adherence assurances, and an increased standard in provided services.

19. (previously presented) The method of Claim 17, wherein distributing the new insurance product to the insured healthcare facility through a distribution channel comprises distributing the new insurance product through authorized brokers.

20-23. (cancelled)

24. (previously presented) A system for providing improved performances for a target entity, the system comprising the components of:

an independent program catalyst that is operative to:

identify program requirements designed to reduce risks of accidents associated with the healthcare industry;

reduce risks of accidents associated with the healthcare industry by implementing procedures directed towards assisting the target entity in meeting the program requirements;

monitoring the results of the target entity to identify the conformance to the program requirements;

attributing a score to the monitored results; and

a web-enable software solution for providing the monitoring results and the scores to the target entity, the independent program catalyst and an interested third party.

25. (previously presented) The system of Claim 24, wherein said score comprises an indication of the target entity's conformance with said program requirements.

26. (original) The system of Claim 24, wherein the program catalyst is further operative to provide feedback to the insuring entity regarding said monitored results and said score.

27. (original) The system of Claim 24, wherein the program catalyst provides feedback to the insuring entity by utilizing the web-enable software.

28. (previously presented) The method of Claim 1, wherein the step of monitoring the results of the procedures to identify the proximity of the insured healthcare facility meeting the insurance program requirements is performed after the insurance program is issued to the insured healthcare facility.

29. (previously presented) The method of Claim 1, wherein the interested third party is an insurance underwriter.

30. (previously presented) The method of Claim 1, wherein the interested third party is a reinsurer.

31. cancelled

32. (previously presented) The method of claim 17, wherein the step of monitoring the insured healthcare facility to determine whether the insured healthcare facility is meeting the

insurance program requirements is performed after the insurance program is issued to the insured healthcare facility.

33. (previously presented) The system of claim 24, wherein the independent program catalyst monitors the results of the target entity to identify the proximity to meeting the program requirements after the program has been issued to the target entity.

34. (previously presented) A method for improving performance of a healthcare facility by reducing risks of accidents, the method comprising:

- determining insurance program requirements designed to reduce risks of accidents associated with the healthcare industry;

- formulating a program containing the insurance program requirements;

- reducing risks of accidents associated with the healthcare industry by implementing procedures designed for the insured healthcare facility to meet the insurance program requirements;

- monitoring the results of the procedures to identify the conformance of the insured healthcare facility to the insurance program requirements;

- identifying the conformance of the insured healthcare facility to the insurance program requirements;

- calculating a performance score indicative of the conformance of the insured healthcare facility to the insurance program requirements;

- communicating data indicative of the conformance of the insured healthcare facility to an interested third party; and

- implementing countermeasures to improve insurance program conformance.

35. (previously presented) A method for improving performance of a healthcare facility by reducing risks of accidents, the method comprising:

- determining insurance program requirements designed to reduce risks of accidents associated with the healthcare industry;

- formulating an insurance program for insuring a healthcare facility containing the insurance program requirements;

executing an insurance relationship between an insurer and the healthcare facility;
monitoring the healthcare facility to identify conformance to the insurance
program requirements by the healthcare facility, wherein the monitoring is performed by a
program catalyst;
providing risk reports from the program catalyst to the insurer describing the
conformance to the insurance program requirements by the healthcare facility; and
modifying the insurance program based on the conformance to the insurance
program requirements by the healthcare facility.